



BANK OF THE PHILIPPINE ISLANDS

MERCHANT INFORMATION SHEET

APPLICATION TYPE: New Affiliation Additional Facility _____ Change of Ownership

CORPORATE INFORMATION

CORPORATE NAME:

BUSINESS TYPE: SINGLE PROP. PARTNERSHIP CORP. FRANCHISEE? Y N

LINE OF BUSINESS: MERCHANT WEBSITE:

OUTLET INFORMATION

MERCHANT TRADE NAME/DOING BUSINESS AS (DBA):

BUSINESS ADDRESS:

TAX IDENTIFICATION NUMBER (TIN): (for internet merchants only)

TAXABLE TAX-EXEMPT ZERO RATED

AREA CODE: PRIMARY TEL. NO.: SECONDARY TEL. NO.: LOCAL NO. (If Applicable): FAX NO.:

TELEPHONE LINE PROVIDER: PLDT GLOBE DIGITEL RACITEL OTHERS: _____

Would you like to enroll in the Electronic Merchant Transaction Journal? Y N If yes, pls. indicate your email addresses below:

E-MAIL ADDRESSES (Pls. indicate your official E-mail address):

Primary: Secondary:

AUTHORIZED SIGNATORIES (First Name, Middle Initial, and Last Name):

1.)

2.)

STORE OPENING DATE (If applicable): PROJECTED MONTHLY SALES: monthly sales PROJECTED AVE. TICKET:

M M D D Y Y P M M D D Y Y

PAYMENT MODE: CREDIT TO ACCOUNT CHECK DTI REG. EXPIRY:

BPI CREDIT CARD SETTLEMENT ACCOUNT NO.: -- --

EPS SETTLEMENT ACCOUNT NO. (If applicable): -- --

SISTER COMPANY/ IES	OTHER CARDS HONORED:	OTHER POS PROVIDERS:	RATE PROVIDED:	RATE VERIFIED WITH:
AFFILIATED WITH BPI:			<input style="width: 50px;" type="text"/> %	
			<input style="width: 50px;" type="text"/> %	
			<input style="width: 50px;" type="text"/> %	

FACILITY (Check all applicable.)	DISCOUNT RATE	MERCHANT ID NUMBER
<input type="radio"/> BPI Express Credit Classic (BPI proprietary Credit Card)	<input style="width: 50px;" type="text"/> %	<input style="width: 100%; height: 15px;" type="text"/>
<input type="radio"/> BPI Mastercard (MC) / MC Electronic/Visa Cards	<input style="width: 50px;" type="text"/> %	<input style="width: 100%; height: 15px;" type="text"/>
<input type="radio"/> BPI Special Installment Plan (SIP) for Credit Cards	<input style="width: 50px;" type="text"/> %	<input style="width: 100%; height: 15px;" type="text"/>
<input type="radio"/> BPI Express Payment System and other Debit Card brands	<input style="width: 50px;" type="text"/> %	<input style="width: 100%; height: 15px;" type="text"/>
<input type="radio"/> BPI Express Cash and other Prepaid Card brands	<input style="width: 50px;" type="text"/> %	<input style="width: 100%; height: 15px;" type="text"/>
<input type="radio"/> Other bank-issued MasterCard/Visa Cards (local/intl)	<input style="width: 50px;" type="text"/> %	<input style="width: 100%; height: 15px;" type="text"/>

CERTIFIED CORRECT: ENLISTED BY: Maribeth Divinagracia MMD

MERCHANT AUTHORIZED SIGNATORY /IES _____ MERCHANT SPECIALIST _____ M.A. CODE _____

FOR BPI USE ONLY

ENDORSED BY (OTHER BPI UNITS)	P.O.S. RECOMMENDATION				
	Recommended for POS?	No. of POS to install:	Approved for POS:		
	<input type="radio"/> Yes <input type="radio"/> No				
FOR USE OF MERCHANTS SALES DEPT.					
Date Recvd by <small>(In-House MA)</small>	Pre-processed by: <small>(In-House MA)</small>	MATCH Verified: <small>(In-House MA)</small>	NDB Checked: <small>(Area Head)</small>	Noted by : <small>(Area Head)</small>	Affiliation Approved by: <small>(Dept. Head)</small>

DEL CODE EMTJ ZIP CODE SEGMENT MCC MERCHANT CHAIN CODE STATE (CITY CODE)

FOR USE OF OPERATIONS SUPPORT

Received by:	Date Encoded in Cardpac	Encoded by:	Reviewed by:	Noted by:
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SPECIAL INSTRUCTIONS / RECOMMENDATIONS: _____

MERCHANT AFFILIATION CHECKLIST
(For use of the Merchant Specialist)

REQUIREMENTS:

YES NO

REMARKS:

1.) Documents Completed:

- a.) *DTI Business Registration* _____ YES NO _____
- b.) *SEC Registration* _____ YES NO _____
- c.) *Secretary's Certificate* _____ YES NO _____
- d.) *Authorization Letter / SPA* _____ YES NO _____
- e.) *Merchant Information Sheet* _____ YES NO _____
- f.) *Branch Endorsement* _____ YES NO _____
- g.) *Franchise Agreement* _____ YES NO _____

2.) Discount Rate within Guidelines YES NO _____

3.) BPI Settlement Account

- a.) *Credit/Prepaid Card Settlements Account* _____ YES NO _____
- b.) *EPS Settlement Account (If Applicable)* _____ YES NO _____

4.) Telephone Line Available YES NO _____

5.) POS Installed by Other Acquirers YES NO _____

(Please indicate the bank.)

6.) Documents signed in the presence of Merchant Specialist or valid Ids were presented for verification YES NO _____

7.) Result of Ocular Inspection:

- a.) *Site of Business:* Owned Leased (Lessor: _____)
(Monthly Rental: P _____)

b.) *Length of Stay:* _____

c.) *Inventory Description:* _____

_____ Approximate Value: P _____

d.) *Other Equipment and Machinery Inside the Establishment:* _____

e.) *Number of Personnel (including contractuels):* _____

Prepared by: _____
Date: _____

Noted by: _____
Date: _____

Exceptions Approved by: _____
Date: _____